


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90008 035 \*\*\*150.00

**DOCUMENT # 550783**

1. Entity Name  
**CENTRAL FLORIDA EQUIPMENT RENTALS INC.**



Principal Place of Business      Mailing Address  
**9030 N.W. 97 TERRACE**      **9030 N.W. 97 TERRACE**  
**MEDLEY, FL 33178**      **MEDLEY, FL 33178**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40000000



01042008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-1782227**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BAER, JAMES T.**  
**9030 NW 97 TERRACE**  
**MEDLEY, FL 33178**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAER, JIM	
STREET ADDRESS	2917 LAKESHORE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, ROBERT	
STREET ADDRESS	7252 SW 98TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAER, CAROL	
STREET ADDRESS	2917 LAKESHORE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAER, RICHARD	
STREET ADDRESS	7900 SW 125TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7960 SW 120 PL	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: James T. Baer      Date: 1/7/8      Daytime Phone #: 305 880 3344